

SBD 1928

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS

FOR AGENCY USE

DATE		PRINT IN INK OR TYPE			
EMPLOYEE'S NAME		(First Name)	(Initial)	(Last Name)	SOC. SEC. OR EMP. PAYROLL NO.
DEPARTMENT OR AGENCY		BUREAU OR OFFICE		LOCATION	
A. NEW ALLOTMENT <input type="checkbox"/>		B. INCREASE ALLOTMENT <input type="checkbox"/>		C. CHANGE DENOMINATION <input type="checkbox"/>	
D. CHANGE INSCRIPTIO <input type="checkbox"/>		E. OTHER ACTION (Describe on reverse) <input type="checkbox"/>			
(If you checked A, B, or C above, complete the following) →		AMOUNT TO BE ALLOTTED EACH PAY PERIOD		BOND DENOMINATION	
		- - - - -		\$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/>	
BOND INSCRIPTION [If you checked A or D above, complete the following]					
OWNER'S NAME		(First Name)	(Middle Name or Initial)	(Last Name)	SOCIAL SECURITY NO.
ADDRESS		(Number and Street)			
		(City or Town)			
		(State)			
		(ZIP Code)			
(CHECK ONE) CO-OWNER <input type="checkbox"/>		(First Name)	(Middle Name or Initial)	(Last Name)	SOCIAL SECURITY NO.
BENEFICIARY <input type="checkbox"/>					

This form was electronically produced by Elite Federal Forms, Inc.

The furnishing of social security numbers is required by the regulations governing savings bonds, Department of the Treasury Circular, Public Debt Series, Number 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion

E. OTHER ACTION (Explain)

AVERAGE DATING:

Bonds of \$75 or greater denomination will be dated as of the first day of the month in which the end of a pay period falls and at least half of the purchase price is accumulated.

I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until canceled by me in writing or termination of my Federal employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

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Employee's Signature (Must be same as shown on payroll)